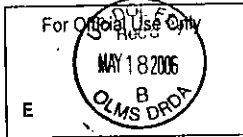


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text" value="06165"/>	2. Fiscal Year Covered From: <input type="text" value="1"/> / <input type="text" value="1"/> / <input type="text" value="2005"/> Through: <input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2005"/>
3. Name and address of person filing. Name <input type="text" value="Martin"/> <input type="text" value="C"/> <input type="text" value="Marinack"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text" value="1372 Herman Street"/> City <input type="text" value="Pittsburgh"/> State <input type="text" value="Pennsylvania"/> ZIP Code + 4 <input type="text" value="15212"/>	4. Name, file number, and address of labor organization. Name <input type="text" value="Shopmen's Local Union No. 527"/> Labor Organization File Number <input type="text" value="032-224"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text" value="2945 Banksville Rd."/> City <input type="text" value="Pittsburgh"/> State <input type="text" value="Pennsylvania"/> ZIP Code + 4 <input type="text" value="15216"/>
5. Position in labor organization. <input type="text" value="President"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Martin C. Marinack

On
Date

Telephone Number

Name of Person Filing Martin Marinack

File Number U- 06165

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Highmark

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 120 Fifth Ave. Place

City Pittsburgh

State Pennsylvania ZIP Code + 4 15222

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Healthcare provider for Benefit Fund of Shopmen's Local Union 527.

11.b. Approximate dollar value of such dealing.

\$1,100,000

12.a. Nature of interest held or income received.

Annual golf outing and dinner for Taft-Hartley clients.

12.b. Amount.

\$181

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Martin Marinack

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1372 Herman Street

City Pittsburgh

State Pennsylvania

ZIP Code + 4 15212

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Shopmen's Local Union Benefit Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2945 Banksville Rd.

City Pittsburgh

State Pennsylvania

ZIP Code + 4 15216

11.a. Nature of such dealing.

Healthcare provider for Benefit Fund on a premium paid basis.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Employer hosted reception during International Foundation of Employee Benefit Plans conference.

12.b. Amount.

\$256

May 12, 2006

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D.C. 20210

Re: Form LM-30 Filing for Henry N. Rodriguez

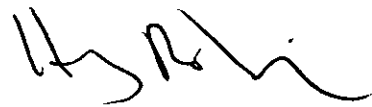
Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2005 reporting period. In filing the report, I have reviewed all of my available 2005 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

It may be possible that a covered employer or business not listed on my LM-30 report for 2005 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2005.

Sincerely,

A handwritten signature in black ink, appearing to read 'H. Rodriguez', with a stylized flourish at the end.

Henry Rodriguez